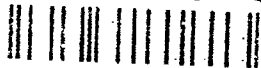


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MEDICAL MATERIEL SUPPORT TO THE ARMY OF THE POTOMAC

BY

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United States Army

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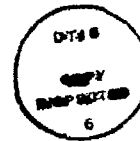


REPORT DOCUMENTATION PAGE

Form Approved
OMB No. 0704-0188

1a. REPORT SECURITY CLASSIFICATION <i>Unclassified</i>			1b. RESTRICTIVE MARKINGS		
2a. SECURITY CLASSIFICATION AUTHORITY			3. DISTRIBUTION / AVAILABILITY OF REPORT <i>Approved for public release. Distribution is unlimited</i>		
2b. DECLASSIFICATION / DOWNGRADING SCHEDULE			5. MONITORING ORGANIZATION REPORT NUMBER(S)		
4. PERFORMING ORGANIZATION REPORT NUMBER(S)			7a. NAME OF MONITORING ORGANIZATION		
6a. NAME OF PERFORMING ORGANIZATION U.S. Army War College		6b. OFFICE SYMBOL (If applicable)	7b. ADDRESS (City, State, and ZIP Code)		
6c. ADDRESS (City, State, and ZIP Code) Carlisle Barracks, PA 17013		9. PROCUREMENT INSTRUMENT IDENTIFICATION NUMBER			
8a. NAME OF FUNDING / SPONSORING ORGANIZATION		8b. OFFICE SYMBOL (If applicable)	10. SOURCE OF FUNDING NUMBERS		
8c. ADDRESS (City, State, and ZIP Code)		PROGRAM ELEMENT NO.	PROJECT NO.	TASK NO.	WORK UNIT ACCESSION NO.
11. TITLE (Include Security Classification) Medical Logistics Support to the Army of the Potomac (Unclassified)					
12. PERSONAL AUTHOR(S) LTC Allen E. Rhodes					
13a. TYPE OF REPORT Study Project	13b. TIME COVERED FROM _____ TO _____	14. DATE OF REPORT (Year, Month, Day) 91/03/25		15. PAGE COUNT 48 59	
16. SUPPLEMENTARY NOTATION					
17. COSATI CODES			18. SUBJECT TERMS (Continue on reverse if necessary and identify by block number)		
FIELD	GROUP	SUB GROUP			
19. ABSTRACT (Continue on reverse if necessary and identify by block number) At the beginning of the Civil War in 1861, the Union army found itself in dire straits logistically. War materiel was in short supply in every category, from uniforms to arms to wagons. The Army Medical Department was ill-prepared to serve, with an incumbent Surgeon General who was over eighty years old and inadequate numbers of surgeons to support even the few soldiers in uniform at the time. The reorganization of the Department and establishment of a viable medical logistics system in competition with other commodities was a formidable task. The Army of the Potomac began with little to indicate its Medical Department would be equal to the calling, yet the subsequent assignment of Surgeon Jonathan Letterman as its Medical Director became the first step to excellence. His vision and organizational abilities set the standard for field medical support which would be institutionalized by the entire Union Army, ultimately providing exceptional support in the Civil War. Letterman's system was adopted by European armies, and would become the basis for current medical logistics doctrine in Army divisions.					
20. DISTRIBUTION / AVAILABILITY OF ABSTRACT <input type="checkbox"/> UNCLASSIFIED/UNLIMITED <input type="checkbox"/> SAME AS RPT. <input type="checkbox"/> DTIC USERS			21. ABSTRACT SECURITY CLASSIFICATION Unclassified		
22a. NAME OF RESPONSIBLE INDIVIDUAL LTC Thomas S. Dombrowsky			22b. TELEPHONE (Include Area Code) 717-245-3207	22c. OFFICE SYMBOL AII/CAR	

Accession For	
WLT GRA&I	<input checked="" type="checkbox"/>
DTIC TAB	<input type="checkbox"/>
Unannounced	<input type="checkbox"/>
Justification	
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Availability Codes	
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MEDICAL MATERIEL SUPPORT TO THE ARMY OF THE POTOMAC

AN INDIVIDUAL STUDY PROJECT

by

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ABSTRACT

AUTHOR: Allen E. Rhodes, LTC, USA

TITLE: Medical Logistics Support to the Army of the Potomac

FORMAT: Individual Study Project

DATE: 25 Mar 91 PAGES: 48 CLASSIFICATION: Unclassified

At the beginning of the Civil War in 1861, the Union army found itself in dire straits logistically. War materiel was in short supply in every category, from uniforms to arms to wagons. The Army Medical Department was ill-prepared to serve, with an incumbent Surgeon General who was over eighty years old and inadequate numbers of surgeons to support even the few soldiers in uniform at the time. The reorganization of the Department and establishment of a viable medical logistics system in competition with other commodities was a formidable task. The Army of the Potomac began with little to indicate its Medical Department would be equal to the calling, yet the subsequent assignment of Surgeon Jonathan Letterman as its Medical Director became the first step to excellence. His vision and organizational abilities set the standard for field medical support which would be institutionalized by the entire Union Army, ultimately providing exceptional support in the Civil War. Letterman's system was adopted by European armies, and would become the basis for current medical logistics doctrine in Army divisions.

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MEDICAL LOGISTICS SUPPORT TO THE ARMY OF THE POTOMAC

CHAPTER 1 INTRODUCTION

The fall of Fort Sumter and the onset of civil war in the United States found the Union Army and the Army Medical Department wholly unable to meet battlefield commitments. As the North mobilized, states raised volunteer regiments for federal service. The doctors and their medical supplies were ordinarily raised at the same time, with the intent that regiments would be accompanied to service by their medical support.

The army was organized with a Quartermaster Department to provision the army with the exception of medical supplies. The responsibility for medical supplies had historically belonged to the surgeon, and continued so throughout the Civil War. This traditional responsibility had its roots in earlier armies. In the 16th century, Charles V appointed a superintendent of hospitals, paid by the soldiers treated and whose duties included providing the supplies.¹ Gustavus Adolphus of Sweden paid his medical personnel (regimental barbers), an additional 50 thaler for clothing and "... abundant supplies."² In the 18th century, Friedrich I of Prussia implemented a degree of organization of his medical system. He established a technical chain of command with company barbers subordinate to the

regiment and specified regimental duties, to include procurement of medicines.³

The Continental Army of the American Revolutionary War was patterned after the European armies, and its medical structure reflected the influence. The Continental Army's medical department was established in 1775 by an Act of the Continental Congress as "... an hospital ..." with personnel under a director whose duties were "... to furnish beddings, medicines, and all other necessities"⁴ A subsequent Act dated March 2, 1799, appointed specific personnel, to include a purveyor, whose duties were to provide "... medicines, stores, and whatsoever else may be necessary"⁵

In 1818, a new Army Medical Department was formed to replace the temporary expedient of the War of 1812. An Apothecary Department was established with responsibility for purchasing supplies and the formulating or mixing of medications.⁶ The purveyor, normally a doctor assigned the duties, continued to be the usual source for medical supplies for the army through the first half of the nineteenth century. The requirement for a physician probably evolved with the physicians, out of the practices of early folk healers, the sources and uses of medicines being known only by the users.

As the Union Army entered the war, its Medical Department was headed by Colonel Thomas Lawson, a veteran of the War of 1812, over eighty years old. His headquarters consisted of himself, (the Surgeon General), two surgeons (assistants), and two assistant surgeons who provided clerical support. With the

help of three clerks, this office provided guidance and administration for the Medical Department.⁷

Supplies were provided primarily from the New York Purveyor's Depot. Initially, there were insufficient supplies, and delays were common in obtaining items peculiar to the military service. Subsequently, a system expansion and sub-depots at thirty different sites provided the needed service. Field Purveyors were appointed to accompany the army, to keep and issue the reserve supplies when needed and to replace consumed items from the nearest depot.⁸

In addition to the personnel and logistical problems facing the Department, a lack of experience in medical planning was soon to become evident. The physicians practicing the art of medicine could rely on experience in treating illness or injury, but the Medical Department was sadly lacking in plans and planning expertise. The Surgeon General's official history, The Army Medical Department 1818-1865 states:

Even veterans of the Mexican War ... had no concept ... in dealing with casualties on the scale of those of the Civil War. The surgeons had never dealt with armies of the size to come, and were ignorant of the problems they would face.⁹

This lack of experience and absence of plans, compounded by the never before seen numbers of casualties would become a near disgrace to the nation as casualties lay on the battlefield unattended, and when finally evacuated, it was often only to the shade of nearby trees. The department would not become proficient until had been scourged for its failings.

CHAPTER 2

THE FIRST BATTLE OF BULL RUN

The Union forces had been raised, trained and organized into armies. The populace was ready for action. Militarily, the situation left much to be desired. As with most commanders, General McDowell had concerns about the Army of the Potomac. In his estimation, they needed more drill and training. A few small skirmishes to season the troops prior to full scale operations would have been well received. In spite of his reservations, however, General McDowell issued marching orders, more influenced by the politicians than by military judgement.¹⁰

Preparatory to the forthcoming battle and campaign, the Army Medical Director, Surgeon William S. King was faced with several problems. A lack of sanitation and sickness in the camps were eroding the Army's effective strength and he was not able to deal with it satisfactorily. His surgeons, while officers, did not have sufficient rank to effect the basic changes needed in camp sanitary discipline.¹¹

Also, some regiments were lacking in medical supplies, either due to the state's failure to provide them, or the inability of the regimental surgeons to obtain them from the purveyor. The medical officers, for the most part, until recently had been civilians and had no experience operating within the army bureaucracy. The regulations, procedures, and sources of supply were confusing, and as a result, some regiments were poorly outfitted.¹² The purveyor felt the

pressure of the large numbers of troops and the workload. In addition, the failure of the Quartermaster to insure the transportation of the supplies required the various medical officers "to call for and transport their own supplies."¹³ The lack of transportation either under the control of the surgeon or readily responsive to his demands was a recurring theme throughout the war.

In preliminary planning for the battle, King had realized that medical supplies were short and attempted to remedy the shortfall. His work generated an estimated requirement for twenty wagons of medical supplies and his request was approved by General McDowell. In spite of the approval of the commanding general, the plans were preempted when a few days before movement, orders were issued which required the Army of the Potomac to move as lightly as possible. All baggage and stores were to be left behind, including the twenty wagons. In an attempt to overcome the new order, the few ambulances and field wagons of the regiments were used to transport as many medical supplies as possible.¹⁴ In response to the situation, King also telegraphed the Surgeon General for medical supplies for the approaching battle. He received a confirming reply, but the supplies never arrived.

Nevertheless, the Army began the march which led to the First Battle of Bull Run. The lack of supplies concerned King, but the confirmation from the Surgeon General assured the needed items were forthcoming. The march lasted for several days and the days of July 19th and 20th were spent in camp, waiting for

the arrival of the supplies.¹⁵ At this point, with the battle to commence the next day, little could be done.

The battle, fought on July 21st, was the first test of the Union Army. Militarily, the Union lost the battle as its soldiers found the soldiers of the Confederacy their match and more. Medically, the Northern forces were woefully short of support. Neither ambulances, hospitals, medical supplies nor planning were adequate. The Surgeon, rather than coordinating the medical support, spent the day "... riding over the field with General McDowell and visiting those places where the contest raged fiercest."¹⁶ Perhaps the lack of a plan to coordinate might explain his actions.

In some accounts, supplies were possibly adequate, as with the First Connecticut. The surgeon reported "... an abundance of medical and hospital stores ... although according to another account, the hospital steward lost all of the regiment's trappings, clothes and all, besides the hospital stores."¹⁷ Assistant Surgeon Sternberg, of the Third Infantry Regiment reported he was hindered by "... the want of food and stimulants, and to the unfavorable circumstances under which the men were placed"¹⁸ The Fifth Massachusetts' Assistant Surgeon Keen reported that supplies of medical stores were sufficient, but without transport, they had to be left with the Quartermaster to be forwarded on call from Alexandria.¹⁹

Whatever the status of supplies, the Medical Department's performance was lacking. The order for the Army to move light which resulted in abandoned medical supplies was a major factor

in the shortages, but perhaps as much a contributing factor were the inadequately equipped regiments. Whether this was the result of their states' failures to provide or their newly uniformed surgeons' inability to master the Army system is not known. One author believed that supplies were adequate or even abundant, but inaccessible due to the movement orders.²⁰

The Surgeon's report of activities does not quantify the casualties expected, but the numbers of casualties resulting from the battle far exceeded the estimates. King quickly concluded that "... (I) had misjudged rather badly the kind of engagement this was to be."²¹ The Union losses of 481 killed, 1011 wounded, and 1460 missing were slight in comparison to later battles such as Antietam and Gettysburg. However, it marked an ominous beginning of a long and bloody war.²²

The effort of the Department in the initial major engagement of the war was the first of several failures. The press, the population, and the government all criticized the performance of the Army, its commander, and the Medical Department. In summary, "Although the Medical Director of McDowell's army made an attempt to articulate relief work, the magnitude of the effort actually needed proved to be so great that his contribution was made to appear ridiculous."²³

CHAPTER 3

THE PENINSULAR CAMPAIGN

Following the disaster at Manassas in July 1861, the political leadership of the nation looked elsewhere for a general to provide winning leadership to the Army of the Potomac. General George B. McClellan replaced General McDowell as commanding general. The change in leadership was not limited to a new commander. In August, Surgeon King was also replaced as Medical Director by Charles S. Tripler.²⁴

McClellan assumed command of a dispirited Army, shamed by its actions on the battlefield and during the retreat to Washington. He set to work to correct the deficiencies, spending nearly nine months in training and reorganizing the Army to his satisfaction before undertaking any major operations. In March 1862, the Army embarked on the Peninsular Campaign, a seaborne attack upon the York Peninsula on the East Coast of Virginia. General McClellan's grand plan included a march from Fortress Monroe to Richmond. An ambitious plan, it failed, and the Medical Department failed also.²⁵

During the months of training and work, Tripler was busy, providing training and guidance to the Medical Department. Proactive in establishing policies, he specified the duties of the subordinate corps, brigade and regimental surgeons. His lack of faith in newly recruited doctors (perhaps based on his predecessor's experience) caused him to publish a number of letters and instructions concerning their duties.

Recurring disease and illness associated with large troop concentrations and near nonexistent sanitation caused Tripler to order sanitary inspections by the brigade surgeons. To remedy the problems with clearing casualties from the battlefield, he directed training and drill of the bandsmen and regimental hospital personnel, to insure their proficiency. Tripler also attempted to reorganize the regimental hospitals into brigade-level facilities. The regiments were extremely reluctant to give up their hospitals yet American experience, like the British experience in the Crimea, showed clearly the inability of that structure to care for casualties of conflict now more lethal due to rifled arms and massed artillery.²⁴

In his concern for administration, Tripler published guidance in reference to inspection and maintenance of supplies by subordinate surgeons. In instructions to corps medical directors, he expressed concern about misuse and waste of medical supplies. His policy for replenishment requisitions held the command surgeons accountable for proper use and required them to personally approve replenishment requests.

The requirements, transmitted to hospital inspectors, tasked them to determine "... the condition of medicines, hospital stores, instruments, and dressings." Also, to determine if they were "... sufficient to enable the regiment to take to the field ..." and whether they had "... been judiciously and faithfully used?"²⁵ Subsequently, a General Order prescribed the brigade surgeons' responsibilities in medical supply, to insure the required quantities were on hand, and ready.²⁶

Logistically, Tripler's plan for the forthcoming campaign insured each regiment and brigade was adequately supplied, and prepositioned additional supplies in forward depots to allow easy and rapid replenishment. He established one depot at White House, Virginia. Its success was restricted by two factors. First, attempts to get the needed supplies prior to commencement of movement was confounded by the Surgeon General and the Secretary of War. Ordered to assume control of all general hospitals, the Surgeon General stripped Tripler of his purveyor and some of his supplies to equip the new general hospitals. These hospitals, organized to accept and hold patients of the field armies, resembled the communications zone hospitals of today's Army.

In spite of the training and instructions to subordinate surgeons, the old habit of abandoning supplies at former camps persisted. Combined with pilferage, many units arrived at Yorktown needing medical supplies. The confusion of the bureaucracy still caused problems, as some medical officers continued to believe that a new issue of supplies would be forthcoming from the purveyor at each change of location.²⁷ From an operational or tactical perspective, Tripler was foiled at the beginning in his attempts by surgeons above and below his echelon.

Two new concepts appearing in the Campaign were the use of railroad cars and the Autenrieth medicine wagon. Medical supplies were shipped on railcars and held in likely locations, with the intent to issue materiel directly from the cars. This

provided the advantage of rapid mobility and saved time. The system's Achilles' heel was the lack of dedicated transportation to move the supplies from the railhead to the hospital locations. Also, the railroads' vulnerability to interdiction by cavalry raids caused a reluctance to use this system.³⁰

The Autenreith medicine wagon, in principle, resembled the rail car system. The specially built wagon, with cupboards and shelving, carried the medicines and bandages uploaded at all times, and allowed the supplies to accompany the regimental or brigade surgeons. Of lighter build than standard Army wagons, it had greater mobility. Well tested in the Campaign, initial results were less favorable than expected. Its main faults lay with its top heavy design and construction. The problems were corrected by the end of the Campaign, and it became a practical item of equipment, used throughout the war.³¹

Tripler planned for additional supplies, attempted to assure each regiment and brigade was adequately stocked, and showed foresight in introducing new ideas to enhance resupply on the battlefield. Nevertheless, the results were far from satisfactory. Transportation was insufficient to move the supplies from the rail cars, or in the case of the depot at White House, too efficient. When Tripler telegraphed for supplies to be sent from White House to Savage's Station, he was advised that "... all was packed up and the boat ordered to pull back to West Point"³²

At the tactical level, many of the problems King faced at First Bull Run reappeared. Commanders' concerns for security of

their trains led to decisions to leave wagons behind natural barriers such as rivers. In the case of II Corps, an order barring movement of wagons across the Chickahominy River left the medical officers with only the supplies in their knapsacks. The order's consequences intensified when the river flooded, washing out bridges and isolating the doctors from their supplies totally. The Corps did not see its wagons for a six-day period, during which it took over 1000 casualties, with only the knapsack contents to treat the wounded.³³

The situation in IV Corps was not as bad, although some units reported "Their supply of medicines, hospital stores, ambulances, and hospital tents was not as ample as desirable...." The Corps' Third Division remained behind because of supply shortages caused by the "... inexperience of its medical and regimental officers ...," and "... was deficient in many materiel medical and hospital supplies." It trailed the body of the Corps into the Campaign "... almost destitute" Other units (General Hooker's division), and surgeons reported that supplies were good.³⁴ Though some units had experienced problems with the Army system, Assistant Surgeon John T. Reilly reported "The supplies of medicines, hospital stores, ambulances and hospital tents were complete, having been drawn just before leaving Washington, and added to through special requisitions."³⁵ The system did work.

The Quartermaster contributed to the failure of the Medical Department in this Campaign as it did at First Bull Run. Lack of transportation made needed supplies unavailable. The

ambulances, also a Quartermaster responsibility, were either left with the wagon trains or were too few in number to be effective. The casualties, while not from a single battle, were substantial. At the end of the Campaign, from the Seven Days battle which was essentially a retreat, there were over 7,700 Union wounded.³⁶ One author termed the medical situation "a fiasco.... Tents, food, and medical supplies - what there were - seemed to have been allocated to the wrong place, thanks to the equally delinquent Quartermaster Corps."³⁷

When things began to turn badly on the peninsula, Tripler was forced to deal with the masses of sick and wounded occupying his hospitals. He collected them at Harrison's Landing on the James River in preparation for further evacuation to the North. The Medical Department's lack of preparedness to treat patients on the battlefield was equalled by the deficiencies at Harrison's Landing. Tripler lacked tents to shelter arriving wounded, forcing them to lay exposed to sun and rain. Disease was epidemic. Medically, Tripler was fully aware of the consequences of deficiencies in ambulances, supplies and transportation, but he was unable to cope with the demands of providing care for the Army of the Potomac. However, he had not responded to the situation created when the Surgeon General withheld his purveyor and supplies at the Campaign's beginning. The abominable situation at Harrison's Landing became publicly known, and was a factor in congressional denial of his appointment as a medical inspector, leading instead to his reassignment.³⁸

Tripler's replacement, Jonathan Letterman, reported for duty July 1, 1862. His first task was the evacuation backlog at Harrison's Landing. Utilizing steamships fitted specially for patient transport and working night and day, by July 15th about 7,000 had been evacuated.³⁹ The results of Letterman's efforts reflect the effectiveness he infused into the medical department of the Army of the Potomac. This was the last battle or campaign in which the Medical Department worked without authority, and with the evacuation, hospitalization, and logistics systems left to chance.

CHAPTER 4

THE SECOND BATTLE OF BULL RUN

Following Tripler's replacement by Jonathan Letterman as the Medical Director, the Army of the Potomac moved into the background. General Pope and the Army of Virginia assumed center stage in the east. While Letterman worked to resolve the disgraceful situation at Harrison's Landing, two corps of the Army of the Potomac were attached to Pope's command and embarked on another campaign, with little respite from the previous one.

In this campaign, Pope's objective was to take the Confederate capital at Richmond. He began to march in mid-July of 1862. For nearly a month, Pope moved south, while General Stonewall Jackson sought to block him. When General Lee learned that McClellan had departed Harrison's Landing to strengthen Pope's Army, he moved to attack before the Army of the Potomac could reinforce. Pope, learning of Lee's possible movement against him, established strong defensive positions behind the Rappahannock River. This time, unlike the Peninsular Campaign, access to medical supply wagons was not blocked by orders from tactical commanders. The doctors and wagons were on the same side of the river, and the wounded benefited.⁴⁰

To counter Pope's strong position, Lee sent Jackson with General Jeb Stuart's cavalry to attack and destroy Pope's lines of communications with Washington. They were successful, capturing the Union supply depot at Manassas Junction on the 26th of August. After a night of wreaking havoc with the Union

supplies, the Confederate forces went into hiding few miles west of Manassas. Pope could not ignore the threat to his rear, and left his positions behind the river to move towards Manassas, setting the stage for the Second Battle of Bull Run.⁴¹

In preparing for the campaign, Surgeon Thomas McParlin, Pope's Medical Director, opted for the concept of centralization of hospital assets, hoping to realize efficiency of operations. Rather than employing this concept to a degree, such as consolidation at brigade, division, or corps level, McParlin decided to use one central facility. While resupply and evacuation were simplified, the breadth and depth of the battlefield required medical officers to be away for substantial times, leaving the large facility understaffed.⁴²

Lacking a systematic supply scheme, McParlin, with advice from the Surgeon General, consolidated his medical supplies as well, in one depot located at Alexandria. The lessons of lack of transportation had not been learned, and as the Army of Virginia advanced south, he soon realized that it was imperative to have supplies with the Army. In his after action report, McParlin stated "I soon found, however, that a small moveable depot would be necessary to furnish battlefield supplies" McParlin eventually displaced supplies to Warrenton by railcar, and then further forward to Culpepper. He also introduced specially modified railcars with shelving, to be kept on rail sidings, a sort of mobile supply depot. His plan, while new and needed, failed due to enemy actions which cut the rail lines behind them, leading to their capture and burning.⁴³

The units attached from the Army of the Potomac were a burden to McParlin's purveyor, as they arrived with little in the way of medical supplies. General Porter's V Corps had "great need" of ambulances and medicines, and Brigadier General Meade's brigade of Reynolds' division had abandoned all medical materiel except for two wagon loads.⁴⁴

The Autenreith medicine wagon which appeared during the Peninsular Campaign was used with good results. Surgeon C. F. H. Campbell was profuse in his praise: "It was at this time, especially, that the new medicine wagon was so thoroughly tested, and found of invaluable service to us."⁴⁵ The wagon is one aspect of McParlin's logistics operations that succeeded.

This Second Battle of Bull Run had little to distinguish it from the first except numbers of casualties. Nearly five times the number of wounded in action were recorded - 8,452. The Medical Department was not ready for numbers of this magnitude, and the circumstances of the withdrawal forced by the Confederates only served to reveal the extent of the poor work by the Medical Department.⁴⁶

Evacuation delays were excessive. To make up for the lack of ambulances, McParlin appealed to the Surgeon General. The Surgeon General obtained the assistance of a company of cavalry which commandeered as many vehicles as possible and turned them over to Assistant Surgeon Woodward. Dispatched to the battlefield and loaded with wounded, they arrived back in Washington three days later. Through field expedient means such as this, the wounded were cleared, although the last wounded

soldiers were not evacuated from the field until ten days after the primary battle was over.⁴⁷

Again, the Union fought a battle that produced casualties which far exceeded the Medical Department's capabilities. Repetitious failure in the evacuation and hospitalization systems and supply shortages caused preventable suffering of the wounded. Major changes had to occur, but the war would not wait, for the battle of Antietam was less than three weeks away.

CHAPTER 5

THE BATTLE OF ANTIETAM

Following his victory in the Second Battle of Bull Run at the end of August, General Lee was quick to attempt to exploit success. In September, he invaded Maryland, moving rapidly northward. During the second week, his advance guard fought a series of skirmishes with Union forces at South Mountain and Crampton's Gap. These battles were sharp, although minor in comparison with what was to come. On September 17th, the two armies clashed near the small Maryland town of Sharpsburg, on Antietam Creek, and fought the bloodiest one-day battle of the war.⁴⁰

Things had changed in the short interval since Second Bull Run. The Army of Virginia had combined with the Army of the Potomac under the command of General McClellan, and quickly moved north to counter the threat to Washington posed by Lee's forces. The rapidity of McClellan's response set the stage again for a medical disaster. The difference would prove to be Jonathan Letterman's presence.

In preparing for the next battle, Letterman faced the same problems of his predecessors. Two major differences were his experience with the results of the Medical Department's performance during the Peninsular Campaign and his decisive ability to implement corrections. The supply situation was grim, with both the Army of the Potomac and the Army of Virginia recovering from a major battle with substantial casualties.

Ordered to move with speed as the first priority, things were left behind.

A large portion of the medical supplies were also left behind, and, in some cases, every thing but the hospital knapsacks, by orders of colonels of regiments, quartermasters, and others; in some instances without the knowledge of the medical officers It would appear that many officers consider medical supplies to be the least important in an Army; the transportation of their baggage is of much more pressing necessity than the supplies for the wounded ...⁴⁹

This occurred through no fault of Letterman, as it happened during the period when he was in Washington and the Army of the Potomac forces were attached to the Army of Virginia.

Having just dealt with the Harrison's Landing disaster, Letterman immediately set about to remedy the situation. His military experience was evident. Within thirty days of assuming his position, he conceived an ambulance system organization and published orders (Special Orders No. 147 dated August 2, 1862), for implementation.⁵⁰

Letterman had definite plans concerning the organization of hospitals and the medical supply system also. Only the short interval prevented him doing more. His plans preceding the battle involved attempts to replenish enroute, a difficult task considering the rapid pace. The units were in various states of need, for "... some raw regiments had been hurried forward without medical supplies, and, the remainder had, as a rule, an unusually small amount on hand...."⁵¹ To meet his anticipated requirements, Letterman also ordered supplies forwarded from Washington and Alexandria to Frederick.

In prior campaigns, commanders had frustrated attempts to replenish supplies by ordering wagons to the rear. The Army's speed of movement and the destruction of a railroad bridge over the Monocacy River south of Frederick accomplished the same thing. Shipped as far as the river, supplies remained at the bridge site since no medical officer met their arrival, and the quartermaster felt no obligation to attempt further delivery. The relatively low priority these supplies received was evident, in "... that the cars loaded with medical supplies ... were on some occasions switched off and left on the side of the road to make way for other stores"⁵² The situation was critical, and Letterman was particularly concerned. Only the use of ambulances to move supplies and the arrival of the hospital wagons ordered from Alexandria prevented total failure.⁵³

The bloody battle provided the most stern test of the Medical Department thus far, with 9,416 Union wounded in action. The Union forces held the field, and this fact, unlike previous battles, reduced the burden of evacuation. However, one burden not faced before was large numbers of Confederate wounded. In retreat, Lee abandoned some 4,000 wounded. With insufficient supplies for their own, the Union was confronted by this new challenge.⁵⁴

The supplies called forward from Alexandria and Washington were intended to fill the interim until the supplies previously ordered from Baltimore arrived. The situation at the Monocacy Bridge was a major blow to Letterman's plans. As a result, supplies from Alexandria were his major source, sufficient only

to support the wounded from the skirmishes which preceded the main battle. Two things prevented another Medical Department debacle: the additional ambulances carried medical supplies, and the contributions of the United States Sanitary Commission.

The Sanitary Commission was a voluntary aid society, organized and commissioned by the U. S. Congress to provide oversight and assistance to the Medical Department. The Commission had provided assistance at prior battles, but its first major contribution was at Antietam. One author suggests that there was no Army system at all, and for the first days, the Commission was the sole source of supply. From an external view, the problem was not one of lack of supplies. That lack was a symptom of the true problem: the inability to influence the necessary transportation. The Commission got supplies to the scene two days ahead of the Army simply because it used its own or hired local transportation. It did not share the Medical Department's curse of dependence upon the Quartermaster.²⁵

The results of the battle shocked the Medical Department. Over 9,400 wounded from one day's fighting. Compared to First Bull Run (1,124), and Second Bull Run (4,000), the casualties were enormous. Even during the Seven Day's Battle of the Peninsular Campaign the total wounded was less (7,709). Letterman faced catastrophe, but training and organization of the ambulance corps paid huge dividends. The outcome, a Union victory, also was in his favor.

The evacuation of the battlefield went well. All of the wounded were cleared from the right wing by two in the afternoon

the day after the battle, and the remainder of the field cleared by that night. It was a remarkable performance considering the huge numbers of wounded, the short time for training (the order organizing the ambulance corps had been published August 2nd), and the quick march from northern Virginia.⁵⁴

Though the situation had been serious, complicated by the destroyed Monocacy Bridge, the system never became critical. Letterman's foresight in ordering supplies to be ready when called forward, and the use of his transportation (ambulances) filled the most immediate requirements. The Sanitary Commission provided the rest. Following the battle, the medical purveyor established a small depot in the town of Sharpsburg, which remained in operation until the seriously wounded had been discharged or moved to general hospitals elsewhere.

In Letterman's visits to the hospitals, he noted that:

I did not find the stores exhausted--the supply ... was, in particular instances, very much diminished; but a sufficient quantity of such articles as were necessary, from time to time, arrived⁵⁵

He did not dwell on the supply shortages, if any, and showed an understanding of the tactical commanders' quandary when faced with a decision involving allocation of transportation. Letterman's memoirs record "... to supply the troops with ammunition and food--to these every thing must give way, and become of secondary importance."⁵⁶ Instead of wasting time and energy trying to change something he could not (transportation), Letterman turned to his medical supply system for the answer.

CHAPTER 6

JONATHAN LETTERMAN'S REORGANIZATION

Letterman's Antietam experience with the evacuation system had shown him the Department could perform its mission given better organization and planning. With the Battle's lessons fresh in his mind, he wasted no time, turning to the remaining functions of supply, treatment, and command and control.

The supply system, which had proven vulnerable to the "military necessity" of priority of movement to food and ammunition for the soldiers, became his next project. Letterman's actions in relation to medical supply show that he recognized its inherent fault: it was transportation dependent and he did not control any transportation assets beyond his ambulances. The prior battles had shown the supply system's vulnerability. When wagons were withdrawn from medical use, the regiments often abandoned their supplies.

Letterman's guidance, titled "Medical Supply Table for the Army of the Potomac for Field Service" was dated October 4, 1862, less than three weeks after Antietam. This was the decisive change in medical supply procedure for the Army. Formerly, supplies were held by the individual regiments with amounts of stockage sufficient for three months' operations in the field. In addition to the gross amounts of supplies, the numbers of wagons may have contributed to the decisions by tactical commanders to keep their trains far to the rear--just too much to risk. His new policy was based on three important

principles: one month of supply, not three on hand; brigades resupply their regiments; and only the supplies listed in the Table would be authorized.³⁹

The impact was immediate and positive. The requirement for transportation was now one hospital wagon and one army wagon per brigade and one army wagon per regiment. Formerly, one and sometimes two wagons per regiment were needed to haul the supplies plus the hospital tents, equipment and baggage. This reduction in the transportation requirement assured a degree of success. Even if wagons were unavailable, the quantities and packaging of the supplies allowed transport by horseback.⁴⁰

The resupply system facilitated replenishment, as regiments simply went to their respective brigade. Letterman also displayed his understanding of the volunteer surgeons' difficulty with the bureaucracy by directing an informal system, "... taking no receipts, demanding no requisition, but accounting for the issues as expended." Concurrently, he tasked the brigade surgeons to "... check any waste ..." and see that the supplies were always ready. This provided an effective and efficient operation workable in the fog of the battlefield.⁴¹

The hospital organization was unsatisfactory also. Letterman believed that the advantages of consolidated hospitals at division level far outweighed the regimental system which dictated that surgeons treat only members of their regiments. This had previously caused concern in the Peninsular Campaign when the strength of affiliations drove some surgeons to search for members of their regiments in the combined brigade

hospitals. Concurrently, wounded men were not welcomed at hospitals of another regiment.⁴²

Letterman's plan for Antietam, to establish division-level hospitals, was frustrated by the lack of time to organize and equip them before the battle. This was ordered, but the order was apparently ignored by many of the regimental surgeons, as seventy-one separate field hospitals existed.⁴³

On October 30, 1862, he published instructions which changed the mission and organization of the treatment system within the Medical Department. The guidance addressed several deficiencies of the previous system: there would be one hospital per division; operations would be performed only by designated surgeons at the first opportunity; an internal organization of each hospital would insure good care and administration. His concept of administration included admissions records, food service, graves registration, and reports to the Corps medical director. For the medical officers, he delineated specific duties and responsibilities, to include an allowance of one medical officer per regiment to provide urgently required treatment at a temporary site located a safe distance to the rear of the battle line.⁴⁴

In these instructions, one sentence is key to the successes which followed:

The Surgeon-in-Chief of the division will exercise general supervision ... over the medical affairs in his division.⁴⁵

The designation of the division surgeon as the overseer of the medical system put in place the final block in the foundation of

the field medical support system. This completed the revisions of the Medical Department needed in previous battles. The ambulances, the hospitals, and the supplies under the division surgeon became a true system with centralized control which could respond to the requirements of the battlefield.

Letterman had now established two new medical systems (evacuation and command and control), and totally revised two others (hospitalization and supply). His previous efforts with evacuation had been limited to a degree by the short interval between battles, yet enjoyed success. Following Antietam and the changes, time would be available prior to the next campaign for the necessary reorganization, replenishment and training. This was in Letterman's favor, for to come were the battles of Fredericksburg, Chancellorsville, and Gettysburg.

CHAPTER 7
THE TESTS AT FREDERICKSBURG AND
CHANCELLORSVILLE

Fredericksburg

Following Antietam and Lee's retreat, the Army of the Potomac entered a period of recovery, for unit reconstitution. During this time, Letterman worked to implement the changes publicized in the circulars of October 4th and October 30th. He was determined that the Medical Department would be as prepared as he could make it for any forthcoming campaigns. At this point the leadership of the Medical Department was in good hands, but the Army commander failed to meet Lincoln's expectations. On November 7th, General Ambrose E. Burnside became the new commanding general.

Satisfied with the evacuation system, Letterman concentrated on supply status. He tasked his purveyor to increase on hand quantities and to insure that the requisition process was simple and easily followed. Moving towards the next battle, Letterman displaced the depot forward, first to Washington and then on to Warrenton where it began to outfit the medical officers' knapsacks in accordance with the October 4th circular. In a subsequent move to the Aquia Creek depot south of Alexandria, the purveyor linked up with shipments of supplies previously positioned.**

Nearing Fredericksburg, Letterman ordered the purveyor to move quantities of supplies closer to the potential battlefield. He also showed considerable insight when he

ordered the conveyor to personally visit the location, insuring he fully understood Letterman's concept of support and "... that the right matter execute any orders he might receive"⁶⁷

The degree of detail in Letterman's plans was warranted, as the battle was a military disaster but a medical success. The only logistical problems encountered were slight ones related to the higher than expected casualty rates - 9,028 wounded from one day's battle, nearly equal to Antietam.⁶⁸ The few shortages resulted from environmental conditions, and the Sanitary Commission's blankets and clothing filled this shortfall.

How great a success was it for the Medical Department? Letterman's assessment concluded that the supplies were timely and sufficient allowing the hospitals to be ready before the battle.⁶⁹ The ambulance corps' performance was exceptional, clearing the field before sunset on the day of the battle. The Sanitary Commission, a frequent critic, could find little fault, and did not issue any supplies other than the blankets and clothing previously mentioned. The extent of the logistical preparedness was recognized by Dr. Douglas of the Commission:

Stimulants, I am happy to say, were in great abundance ... so that the calls on us were few. The same was ... positively so of all kinds of medical articles, which had been furnished by us at other battles.⁷⁰

Fredericksburg was the first full trial for Letterman's system and it was a resounding success. The battlefield was cleared quickly, the hospitals were ready prior to the fight, and the supply system, with minor exceptions met expectations. For the first time in a great battle, the wounded were

well-served.⁷¹ An experienced surgeon, Medical Director J. T. Heard, who had been in all the main battles in the East, stated:

In no previous battle witnessed by me were the wounded so promptly and well cared for throughout the Army as at Fredericksburg. This was due to the uniformity of action. Every surgeon, hospital steward, nurse, cook, and attendant was assigned to his position and knew it.⁷²

Heard's comments confirm Letterman's guiding vision in the reorganization process. They also confirm the planning, effective training and preparation which he directed.

Chancellorsville

The same patterns followed Fredericksburg as the Army refitted its units in preparation for what was to follow. The medical success at Fredericksburg was not enough to save the commander, however, and in January, General Joseph Hooker assumed command. His leadership would provide another test for the command at Chancellorsville.

In the ensuing campaign, an old nemesis reappeared when Hooker issued an order forbidding wagons to cross the river behind the troops. Again, the potential for running out of supplies and being unable to evacuate the wounded worried the Medical Director. In response, Letterman repositioned all ambulances, medicine wagons and hospital wagons to the Mine ford about six miles from Chancellorsville.⁷³ Once casualties began to accumulate, Hooker relented and a few medicine wagons crossed. Letterman's anticipation and planning again paid off. The supplies were moved in ambulances, by horses and mules, and the field hospitals were resupplied successfully.⁷⁴

Under the load of nearly 9,500 wounded in action, the system did not fail. The actions of the commander, which in former battles had been disastrous, were accommodated by the flexibility which Letterman instilled in his system. Surgeon Charles D'Leary stated that "Supplies of everything necessary were never for a moment deficient."²⁵

As with the Battle of Fredericksburg, the Battle of Chancellorsville was a military defeat, though the Medical Department's actions were a success. The impact of Jonathan Letterman's vision was evident, whether in relation to evacuation, treatment, or supply. One historian, in commenting on the Battle of Chancellorsville, was unqualified in his praise: "It is hard to see how the Medical Department could have improved its service at Chancellorsville."²⁶

CHAPTER 8

THE BATTLE OF GETTYSBURG

The Army of the Potomac's Medical Department had been organized, trained, and tested in three major battles since Jonathan Letterman assumed the position of Medical Director. Following Chancellorsville, the Army retained its commander--a change from Second Bull Run, Antietam, and Fredericksburg. However, Lee was in Maryland and the Armies were maneuvering preparatory to battle. In late June, after a disagreement with General Hooker, Lincoln replaced him with General George G. Meade. Meade did not know at the time, but in less than a week, he would win a resounding victory at Gettysburg. This would be a stark contrast to the Army's past three battles: both a military victory and an acceptable performance by the Medical Department.

In mid-June, the Army of the Potomac was in northern Virginia near Fairfax, when General Hooker issued orders reducing the number of medical wagons to three per brigade. This action followed his orders at Chancellorsville which forbade them coming across the river, imposing a real constraint on his medical system. Whether driven by a genuine belief that they were unnecessary, or other reasons, Hooker nevertheless cut the Army's medical wagons by about one hundred.⁷⁷

The success of the Department at Fredericksburg and Chancellorsville, in spite of the Army's defeat and Hooker's restrictions, could not overcome the decrease in authorized

wagons. Letterman was upset, and in his later report on operations at Gettysburg, he was openly critical:

...if transportation is not sufficient to enable officers of the department to conduct it properly, the consequences must fall on the wounded.⁷⁶

His supply circular allowed one wagon per regiment and one per brigade. His system worked well, though it was one-third the size of the previous non-system.

Following Chancellorsville, on the recovery march north, the Department's transport was further reduced, against his advice, both verbal and written. The immediate result was the turn-in of large quantities of needed medical supplies and hospital tents. Letterman saw his system disassembled:

This method, in its practical working, is no system at all ... and proved to be what I supposed at the time it would be, a failure, as it did not give the department the means necessary to conduct its operation.⁷⁷

Letterman immediately sought other ways to insure he could support the Army. The purveyor was tasked to establish a reserve on wagons, which apparently did not count against the division quotas. The purveyor traveled to Washington to the depot, assembled a train of twenty-five wagons, and rejoined the Army at Frederick on June 28th. He remained with the headquarters until Meade intervened.⁷⁸

In command for less than a week, unsure of the location or intention of Lee's forces, Meade had no desire to be restricted by his trains. On June 30th, he issued an order to the Corps Commanders that only ammunition wagons and ambulances would be allowed to accompany the troops. Whether issued to insure roads

to the rear were kept open as some believe,²¹ or to preserve his mobility, it accomplished the same thing-the Army was to be nearly totally deprived of its medical supplies during a battle which produced over 14,000 Union wounded, and 6,800 Confederate wounded which Lee abandoned on the field.^{22.23}

The supply system of the Army of the Potomac relied on those hospital wagons, yet Letterman's system had sufficient flexibility to accommodate their loss. The special Autenreith medicine wagons were not affected for the most part and the ambulances were still allowed to accompany the divisions, so the loss was not total. In conjunction with the medical officers' knapsacks and regimental chests, a moderate amount was available. In this Army, as with most, everyone did not get the word. The XII Corps was fortunate, in that it either did not know of, or disregarded Meade's order, thus coming onto the field at Gettysburg with its supply system intact.²⁴ (The Corps' experience will be discussed in a subsequent paragraph).

In spite of Hooker's and Meade's decisions, the Medical Department's performance at Gettysburg must be rated as satisfactory overall. The evacuation system worked well during the actual battle, with each day's wounded cleared in the evening hours if they lay within friendly lines.²⁵

For the hospitals, the situation was grim. The delayed effect of the commanders' decisions struck hardest at this area. Too few tents, too little clothing, food, and bedding and the extremely heavy casualties combined to overshadow the evacuation successes. Surgeons reverted to old habits, using

barns, buildings and any other source of shelter. Some were left uncovered because of shortage of space and others suffered through relocations due to enemy fire. One group had to be moved because of the flooding of an adjacent stream.¶¶

While the supply situation was not so bad in comparison to the hospitals, it was a case of plenty of supplies but poorly located, twenty-five miles away. Letterman pressed for the release of the supply wagons, but was not successful until after the battle on July 3rd, when Meade, still cautious, allowed half the wagons to advance. The twenty-five reserve wagons under the medical purveyor arrived on the 4th, and the remainder of the hospitals' wagons arrived on the 5th.¶¶

The situation which existed on the first days generated great criticism from the voluntary aid societies. They provided large quantities of supplies in the early days, filling the gap until Letterman could get Army wagons up. Two wagon loads were distributed before the battle, two more on the second day, and eventually they established a depot. These efforts alleviated much of the shortage, with ten wagons arriving before the Army's wagons.¶¶

The Commission was far more effective in supplying than the Army, using rail cars at the rate of two per day for a week. It was able to provide nearly everything. In the event a requested item was not on hand, it could be requisitioned by telegraph to arrive by the next train.¶¶

In defense, Letterman maintained that sufficient supplies were available. He cited medical inspectors who had made

inquiries into the supply issue and in every instance they had concluded that there were no deficiencies.⁹⁰ The reports of the Sanitary Commission and other visitors, as well as the gross amounts of supplies issued would seem to confirm the opposite.

In the Department's defense, preparations were sabotaged by the Generals' orders, and the numbers of casualties. One author believes that with the supply wagons specified in Letterman's circular, they could have cared for 10,000, or even 14,000 wounded without great problems. The combination of orders and Confederate wounded simply overwhelmed the Department.⁹¹

While from an overall perspective, the medical care was deficient, one Corps fared well. The XII Corps benefited from all the planning, organization, and training Letterman instituted. Either unknowingly or intentionally this Corps entered the fray with its system intact, unaffected by Meade's order. Its experience perhaps reflects the truest picture of the adequacy of the Medical Department's readiness. The Corps Medical Director, Surgeon McNulty described his experience:

It is with extreme satisfaction that I can assure you that it enabled me to remove the wounded from the field, shelter, feed them and dress their wounds, within six hours after the battle ended; and to have every capital operation performed within twenty-four hours after the injury was received.⁹²

Would these results have been duplicated across the Army of the Potomac without the Generals' orders? I believe so.

The 20,000 plus wounded at Gettysburg demanded much from Letterman's Department, but there was still a military mission to consider. At nearly the same time as he was attempting to

evacuate the wounded from the field hospitals at Gettysburg to general hospitals in Baltimore, Washington, and elsewhere, Letterman had to prepare to continue on the campaign. The preparations and departure of the Army after Lee left the field hospitals at Gettysburg with too few doctors and ambulances. This evacuation situation, involving poor roads and worse management would have been far worse but for the Sanitary Commission which provided food and dressings. "... the medical department having none to spare from the field".⁷³

The reconstitution of the Department involved additional supplies, ordered from Washington and Philadelphia on July 5th and 6th, and fifty surgeons requested from the Surgeon General. Forty-seven surgeons arrived July 9th, and with the receipt of 500 tents, the personnel and materiel had been replaced. Letterman said they were ready passing Boonesboro on the march, "... fully prepared to take care of the wounded of another battle of as great magnitude as ... Gettysburg."⁷⁴ The truth of the statement in my mind is suspect, but since the battle was not fought, we cannot know.

Letterman was stung by the criticism of the medical support at Gettysburg, and I believe he felt betrayed by Hooker and Meade. His comments reflect a degree of bitterness:

The wounded did not lack surgical supplies, but they did lack accessories almost as important. Even should an army be defeated, it is better to have the supplies for the proper care of the wounded upon the field, and run the risk of their capture, than that the wounded should suffer for want of them. Lost supplies can be replenished, but lives are lost forever.⁷⁵

Letterman would remain as Medical Director for the rest of 1863, but would experience no other major battles. At his own request, he was replaced in January, 1864. Jonathan Letterman departed leaving an indelible stamp on not only the Army of the Potomac, but also the entire Union Army.

CHAPTER 9

GRANT'S CAMPAIGNS

In March, 1864, General Ulysses S. Grant assumed command of the Union Armies which included the the Army of the Potomac. He was summoned by Lincoln from the western theater where his successes, from Ft. Donalson to Vicksburg, had brought him recognition. Grant assumed command of the Armies which had known more defeats than victories, with only the Army of the Potomac having a reasonable medical system. Jonathan Letterman had spent eighteen months reorganizing and training the Medical Department, improving with each succeeding battle. Although Letterman had departed, his successor, Surgeon Thomas McParlin, would continue the successes, through campaigns which differed significantly from those Letterman supported.

Grant's strategy, to attack the southern center of gravity represented by Lee's Army of Northern Virginia, rather than Richmond, would generate casualties on a scale never before experienced. McParlin's mission during Grant's first campaign would require him to evacuate 57,000 sick and wounded from May 4th through July 31st. The number of wounded (46,000), was nearly as great as the Army of the Potomac's total wounded in all battles from First Bull Run through Fredericksburg! Indeed, support of Grant's campaigns would be a stern test.⁷⁴

Since assuming the Medical Director's position in January, McParlin had not been idle. While he had no idea of the work to come, he busied himself building a team to control the system

which Letterman built. The medical officers in brigade and division surgeon billets were appointed "by order of" the Army commander, giving them more authority and technical autonomy from their brigade or division commanders. The command and control of the system was solidified.

McParlin had seen the difficulties at Gettysburg caused by the move out in pursuit following the battle. Forced to leave hospitals and surgeons behind with the wounded, the Department was left short. But, he realized that the wounded could not accompany the Army nor could they be cared for in close proximity to the battlefield. To maintain the divisional hospitals' mobility, he established a hospital facility further to the rear to accept casualties from division hospitals. Patients could be retained there and returned to duty, or if necessary to move the hospital, they would be evacuated to general hospitals further to the rear."7

McParlin also modified the evacuation system, splitting the ambulances into equal groups. One group followed their division, and the other remained with the general supply trains (approximately five miles from the battle at the Wilderness as opposed to twenty-five miles at Gettysburg). But the cumulative impact of a reduction in ambulances was felt (the Army had 20,000 more troops but 400 fewer ambulances than Gettysburg). This situation was caused by the law establishing the Ambulance Corps which allocated ambulances based on unit strength rather than by units."8 Grant's tactics produced casualties and the system needed its initial robustness for adequate support.

The summer's campaign began with the Battle of the Wilderness, fought over the same ground at Chancellorsville which saw nearly 9,600 Union wounded one year earlier. In preparation, McParlin attempted to unload his system, sending patients and excess baggage to the rear. His efforts were nearly in vain, as on May 4th, Grant allowed only half the remaining ambulances to cross the Rapidan River.⁹⁹ The Army of the Potomac had suffered from similar orders affecting its ambulances and hospital wagons: First Bull Run, the Peninsular Campaign (Fair Oaks), Gettysburg, and Chancellorsville.

Entering the Battle of the Wilderness, the Army was well-stocked, having enjoyed a lengthy period without major battles. The Medical Director had transportation which he considered ample (3 wagons per brigade of 1,500 men plus 1 per each additional 1,000 men and one wagon per brigade for medical supplies). McParlin also saw his hospital situation in a favorable light: "Ample supplies of all kinds were on hand in all the hospitals." The medical purveyor was on location prepared for business, but "... no requisitions were sent in, as the supplies carried in the ambulances and field hospital trains were even more abundant than the emergency required."¹⁰⁰

The supply system, conforming to Letterman's circular, was complete when the Army crossed the Rapidan. They had doctors' knapsacks and supplies in ambulances to provide the level of treatment specified in Letterman's October 30th orders. This level was adequate for bandaging, minimal treatment, and collection of the wounded for evacuation.¹⁰¹

To back up the unit supplies, the Army's medical purveyor had thirty-five wagons of reserve supplies. The Sanitary Commission had five wagons, carrying primarily food, clothing, and bedding. These supplies represented thirty days of supply for ordinary needs plus enough to care for 20,000 wounded for eight days. The supply levels approximate Letterman's system, with the addition of the eight days' quantity. Planning to establish the quantities needed was inaccurate for the casualty estimate was too low, by a factor of two. Supply shortages did not result but the Army fought the first battle of the summer with a reduced reserve.¹⁰²

Following the Wilderness, Grant fought at Spotsylvania Court House in mid-May and then at Cold Harbor in June. By Cold Harbor, the pace of the Campaign began to grind down the Army. Illness was increasing, accompanied by cases of sunstroke from the grueling marches. Grant, foreseeing a need to preserve his manpower to the greatest extent, insisted that sunstroke victims and lightly wounded remain with the Army. This imposed an additional load on the already stretched ambulance system.¹⁰³

How well did the Medical Department accomplish its mission? Assistant Medical Director Billings reported that "... the hospitals had been at all times supplied with everything necessary except bedding and clothing."¹⁰⁴ The reserve supplies were adequate and "... its operations during the Battle of the Wilderness were in the main satisfactory"¹⁰⁵ From the medical failures at both Battles of Bull Run and the Peninsular Campaign, to the semi-successes of Antietam and

Gettysburg, the Department showed increasing capability and sophistication. The hospitals, adequately supplied, were the best the Army had ever known. The hospital evolution into Letterman's system was complete. The regimental hospitals were gone. A brigade operating team remained of the former hospitals, with hospital requirements met at division level. The division hospitals' successes continued in the early weeks.¹⁰⁶ At this point in the war however, under Grant's driving leadership, the battles and campaigns blurred.

Nearly a year remained before Lee's capitulation. Petersburg, Five Forks, Saylor's Creek, and Appomattox were to come, each in turn adding to the tasks of the Medical Department. However, the field medical support system was firmly established. Well organized and trained, it would finish the campaign as much concerned with evacuation as with supply or hospitalization, facing decisions of commanders which deprived it of assets, and struggling to anticipate what and where its next challenge might be.

In the final Campaign of 1865, McParlin enjoyed the luxury of the use of hospital railcars, but failed in his efforts to retain a reserve ambulance fleet when the Department's old nemesis, the Quartermaster, could not or would not comply. To insure sufficient flexibility to accommodate unexpected supply demands, McParlin took two actions: a thirty-six wagon train of reserve supplies under the purveyor accompanied the Army, and he prepositioned a contingency stockpile at City Point, Virginia sufficient for support of 10,000 to 12,000 men.¹⁰⁷

At the end, supporting Grant's campaign of attrition and movement, the Department was involved in diverse activities, as ambulance drivers worked on roads so the wounded could be evacuated. Again, supplies had to be abandoned because of poor trafficability, with the potential consequences of future shortages. Grant's plan caused problems, as successive movements required successive hospitals left full of wounded who could not be moved. The Army could be followed easily by the line of tent hospitals which marked its progress.¹⁰⁸

Logistically, the Army was as prepared as possible, with supplies in the reserve trains and stockpiles prepositioned at City Point.¹⁰⁹ The medical officers had their knapsacks, the brigades their three or four wagons, and the divisions their hospitals. Each echelon carried supplies aboard ambulances. Assistant Surgeon Smart, the Medical Inspector of II Corps reported that medical officers anticipated the loss of transportation. They loaded ambulances to accompany the Army "... on any march which the medical transportation was limited to a portion of the hospital trains" A fortunate decision, as again, the number of medical wagons was cut from 44 to 37. From previous experience, they turned the extra wagons over to the purveyor, instead of the Quartermaster.¹¹⁰ Fifth Corps Medical Inspector, Assistant Surgeon Charles K. Winne, saw similar preparations, as he reported full replenishment of knapsacks and ambulances, turn in of surplus, and receipt of as much material as they could carry with the transportation allowed.¹¹¹

The hospitals above division, which had at times been abysmal failures (Harrison's Landing), were in excellent condition. Surgeon G. P. Parker reported on a depot field hospital, which during the period March 27th through June 30th, was well supplied: "... there was always an ample supply of medicine and hospital stores ... furnished by the Medical Department with the least possible delay."¹²

The Medical Department of the Army of the Potomac ended its combat field medical support mission with Lee's surrender on April 9, 1865. Its hospitals remained busy for months with the recovering sick and wounded, and the continuing challenges of illness among a tired Army. During the final campaign, it had been challenged and had been equal to the test.

CHAPTER 10

CONCLUSION

The Army of the Potomac entered the war with a questionable medical system. After fighting several battles, of increasing lethality, it found its wounded had little to look forward to except misery. The evacuation, hospitalization, and medical supply systems were as inept at support as the Army was in battle. The Medical Department's failings lay in the same categories as the Army's: leadership and organization.

Following the debacle at First Bull Run and the cumulative failures of the Peninsular Campaign, the Army Commander and the Medical Department leadership were replaced. The needed leadership for the Medical Department was found when Jonathan Letterman was appointed in July, 1862, but the Army endured a series of unsatisfactory commanders until 1863. Letterman literally saved the day for the Medical Department.

Seeing the lack of organization first-hand, Letterman immediately began to fix this shortcoming. His logistical organization was no innovation. He formalized the system from the 16th century: medical officers were responsible for providing the tools of their trade. Letterman established the medical supply function as a surgeon responsibility in the Union Army. It might be argued, even today, that the Quartermaster's domain should include all classes of supply. In the Civil War, the Quartermaster had not proved capable of the required responsiveness when human life was at stake.

Today's alignment of medical supply as a function of health service support is not driven by the inability of the quartermaster and general supply system to manage the materiel. In reality, it frees them to concentrate on the warfighter's most critical needs: food, fuel, and ammunition. This was also true in the Civil War. This places control of those assets absolutely necessary to accomplish the medical mission in the surgeon's hands.

The evacuation system success began when properly organized and restricted to the surgeon's use. The supply system succeeded when the reserve supplies were retained under the surgeon's control, whether in the Army's reserve trains or purveyors' depots responsive to the surgeon. The system of diffuse hospitals at regiment, brigade, and division level responded when grouped at division level. This also freed the medical officers at echelons below division to concentrate on collection, treatment, and evacuation to division hospitals.

The future of the division medical system was solidly founded when Letterman successfully consolidated the various functions with the Surgeon-in-Chief of the division supervised by the Medical Director of the Corps. This technical, rather than command channel, was the adhesive which bound the system together, made it responsive in support of the tactical commander, and enabled it to succeed.

The most significant event to impact on the Medical Department in the Civil War was the appointment of Jonathan Letterman as Medical Director of the Army of the Potomac. His

vision, combined with an understanding of requirements and an ability to get things done proved to be the "medicine" required for the ailing medical department. It was under his leadership that the support system matured and provided effective field medical support to the Army.

The maturation of medical logistics support to the Army, as a function of the Medical Department parallels the Department's evolution. The surgeon's lack of organic transportation and the transportation-dependent nature of medical supplies imperiled the system when the Quartermaster failed to meet the requirement. The system was also victimized by the decisions of Army commanders, when military necessity dictated priority to other commodities or the tactical situation required the shedding of excess baggage to improve mobility. Ultimately, the organization of the system gave it sufficient flexibility to respond with internal assets (ambulances) to fluctuations in available transportation. This system, conceived by Letterman, tested and proved effective at Fredericksburg and Chancellorsville, remains as the medical materiel system in support of the army today. Borne of necessity in 1862, it has survived tests and challenges to insure the soldiers' needs are met with the necessary medicines and not a "due-out".

ENDNOTES

1. Fielding H. Garrison, Notes on the History of Military Medicine, p. 103.
2. Ibid., p. 123.
3. Ibid., p. 141.
4. Harvey E. Brown, The Medical Department of the United States Army from 1775 to 1873, p. 7.
5. Mary C. Gillett, The Army Medical Department 1775-1818, p. 211.
6. Mary C. Gillett, The Army Medical Department 1818-1865, p. 27.
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